ASSEMBLY, No. 4522

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED AUGUST 13, 2020

Sponsored by:

Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)
Assemblyman ANTHONY S. VERRELLI
District 15 (Hunterdon and Mercer)
Assemblyman JOHN ARMATO
District 2 (Atlantic)

Co-Sponsored by: Assemblyman Caputo

SYNOPSIS

Establishes process for individual to petition court for involuntary commitment of another person to treatment for substance use disorder.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 8/27/2020)

1 AN ACT concerning involuntary commitment to substance use 2 disorder treatment, supplementing chapter 4 of Title 30 of the 3 Revised Statutes, and amending P.L.1991, c.270.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. (New section) As used in sections 2 through 16 of P.L., c. (C.) (pending before the Legislature as this bill):

"Chief executive officer" means the person who is the chief administrative officer of a residential substance use disorders treatment facility.

"Clinical director" means a licensed physician who is designated by the chief executive officer to organize and supervise clinical services for a substance use disorder provided in a screening service or residential substance use disorders treatment facility.

"Commissioner" means the Commissioner of Human Services.

"County adjuster" means the person appointed pursuant to R.S.30:4-34.

"County counsel" means the chief legal officer or advisor of the governing body of a county.

"Court" means the Superior Court or a municipal court.

"Custody" means the right and responsibility to ensure the provision of care and supervision.

"Dangerous to others or property" means that by reason of a substance use disorder there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior, and any recent act, threat, or serious psychiatric deterioration.

"Dangerous to self" means that, by reason of a substance use disorder, the person has threatened or attempted suicide or serious bodily harm or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care, or shelter so that it is probable that substantial bodily injury, serious physical harm, or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care, or shelter if he is able to satisfy those needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior, and any recent act, threat, or serious psychiatric deterioration.

"Department" means the Department of Human Services.

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

"In need of involuntary commitment to treatment for a substance use disorder" means that an adult with a substance use disorder, whose substance use disorder causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs inpatient care at a residential substance use disorders treatment facility because other services are not appropriate or available to meet the person's substance use disorder treatment needs.

"Petitioner" means a spouse, civil union partner, relative, friend, or guardian of an individual who submits to the court a petition for the involuntary commitment to treatment for a substance use disorder of the individual.

"Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

"Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached.

"Residential substance use disorders treatment facility" means a facility licensed by the department or Department of Health, as applicable, to provide an array of substance use disorder treatment and recovery services, including medical services on site, in a residential setting to individuals with a substance use disorder.

"Respondent" means an individual named in a petition who may be subject to involuntary commitment to treatment for a substance use disorder pursuant to P.L. , c. (C.) (pending before the Legislature as this bill).

"Substance use disorder" means substance use disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.

"Treatment team" means a group of persons that includes at least one clinical alcohol and drug counselor and one psychiatrist or physician, and that may additionally include a psychologist, social worker, nurse, and other appropriate service providers, which group provides services to a patient of a residential substance use disorders treatment facility.

- 2. (New section) a. A petitioner may initiate court proceedings for the involuntary commitment of an individual to treatment for a substance use disorder at a residential substance use disorders treatment facility by submitting to the court a petition setting forth:
 - (1) The petitioner's relationship to the respondent;
- (2) The respondent's name, residence, and current location, if known;
- (3) The name and residence of the respondent's parents, if living and known, or the respondent's legal guardian, if any and known;

- (4) The name and residence of the respondent's spouse or civil union partner, if any and if known;
- (5) The name and residence of the person having custody of the respondent, if any; or if no such person is known, the name and residence of a close relative; or a statement that no such person is known; and
- (6) The petitioner's belief, including the factual basis therefor, that the respondent is in need of involuntary commitment to treatment for a substance use disorder.
- b. A petition filed pursuant to this section shall be accompanied by a guarantee, signed by the petitioner or the spouse, civil union partner, relative, friend, or guardian of the respondent, as appropriate, obligating that petitioner or other individual, as appropriate, to pay all costs for treatment of the respondent for treatment for a substance use disorder that is ordered by the court.

- 3. (New section) a. Upon receipt of a petition submitted pursuant to section 2 of P.L., c. (C.) (pending before the Legislature as this bill), the court shall examine the petitioner under oath as to the contents of the petition.
- b. If, after reviewing the allegations contained in the petition and examining the petitioner under oath, it appears to the court that there is probable cause to believe the respondent is in need of involuntary commitment to treatment for a substance use disorder, the court shall:
- (1) set a date for a hearing within 14 days to determine if there is probable cause to believe the respondent is in need of involuntary commitment to treatment for a substance use disorder;
- (2) at least 10 days prior to the hearing, notify the respondent, the respondent's legal guardian, if any and if known, and the spouse, civil union partner, parents, or nearest relative or friend of the respondent of the allegations and contents of the petition, the date and purpose of the hearing, and the name, address, and telephone number of the attorney who has been appointed to represent the respondent; and
- (3) cause the respondent to be examined no later than 24 hours before the hearing date by two physicians, at least one of whom is a psychiatrist, who are not relatives of the respondent by blood or marriage. The physicians shall certify their findings to the court within 24 hours of their examinations.
- c. If, upon completion of the hearing, the court finds that the respondent is in need of involuntary commitment to treatment for a substance use disorder, the court shall order such treatment pending the final hearing pursuant to section 10 of P.L. , c. (C.) (pending before the Legislature as this bill). Failure of a respondent to undergo treatment ordered pursuant to this section may place the respondent in contempt of court.

d. If, at any time after the petition is filed, the court finds that there is no probable cause to continue treatment or the petitioner withdraws the petition, the proceedings against the respondent shall be dismissed.

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- 4. (New section) a. Following an examination by a physician and a certification by that physician that the respondent is in need of involuntary commitment to treatment for a substance use disorder, the court may order the respondent to be hospitalized for a period not to exceed 72 hours if the court finds, by clear and convincing evidence, that the respondent presents an imminent threat of danger to self, others, or property as a result of the respondent's substance use disorder.
- b. A person who has been admitted to a hospital pursuant to subsection a. of this section shall be released from the hospital within 72 hours of admittance.
- c. A respondent hospitalized under this section shall not be held in jail pending transportation to a hospital or examination unless the court has previously found the respondent to be in contempt of court for failure to undergo treatment or failure to appear at the examination ordered pursuant to section 3 of P.L., c. (C.) (pending before the Legislature as this bill).

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5. (New section) When a court is authorized to issue an order that the respondent be transported to a hospital, or if the respondent fails to attend an examination scheduled before the hearing pursuant to section 2 of this act, the court may issue a summons. summons issued under this section shall be directed to the respondent and shall command the respondent to appear at a time and place specified in the summons. If a respondent who has been summoned fails to appear at the hospital or examination, the court may order a State or local law enforcement officer to transport the respondent to a hospital or psychiatric hospital designated by the commissioner for treatment pursuant to section , c. (C.) (pending before the Legislature as this bill). The State or local law enforcement officer may authorize a transportation provider designated by the commissioner pursuant to subsection c. of section 6 of P.L., c. (C.) (pending before the Legislature as this bill) to transport the respondent to the hospital or psychiatric facility. The transportation costs shall be included within the costs of treatment to be paid by the petitioner pursuant to subsection b. of section 2 of P.L. , c. (C.) (pending before the Legislature as this bill).

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6. (New section) a. The commissioner shall designate one or more residential substance use disorders treatment facilities in each county or multi-county region in the State as designated residential substance use disorders treatment facilities for individuals

- involuntarily committed to treatment pursuant to this act. The commissioner shall so designate a facility only with the approval of the facility's governing body.
- 4 b. The commissioner shall designate one or more hospitals or 5 psychiatric hospitals in each county or multi-county region in the 6 State as designated hospitals for the short-term commitment of an 7 individual hospitalized pursuant to section 4 of 8 P.L., c.) (pending before the Legislature as this bill). (C.
 - c. The commissioner may designate one or more emergency medical or nonemergency medical transportation providers in each county or region as designated transportation providers.

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- 13 7. (New section) a. A law enforcement officer or the 14 officer's employer, acting in good faith pursuant 15 P.L., c. (C.) (pending before the Legislature as this bill), 16 who takes reasonable steps to assess, take custody of, detain, or 17 transport an individual for the purposes of examination or treatment 18 substance use disorder ordered pursuant 19 P.L., c. (C.) (pending before the Legislature as this bill) is 20 immune from civil and criminal liability.
- 21 b. An emergency services or medical transport person, or their acting 22 respective employer, in good faith pursuant to 23) (pending before the Legislature as this bill) P.L. , c. (C. 24 and pursuant to the direction of a person designated in subsection a. 25 of this section, who takes reasonable steps to take custody of, 26 detain, or transport an individual for the purposes of assessment or 27 treatment of a substance use disorder is immune from civil and 28 criminal liability.
 - For the purposes of this subsection, "emergency services or medical transport person" means a member of a first aid, ambulance, or rescue squad or a fire department, whether paid or volunteer, auxiliary police officer, or paramedic.

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- 8. (New section) a. A residential substance use disorders treatment facility shall effectuate the following purposes and procedures:
- (1) The chief executive officer of the residential substance use disorders treatment facility shall have custody of a person while that person is detained in the facility pursuant to P.L. , c. (C.) (pending before the Legislature as this bill) and shall notify:
- (a) appropriate public or private agencies to arrange for the care of any dependents and to ensure the protection of the person's property; and
- (b) appropriate facilities licensed by the department to provide substance use disorders treatment on an outpatient basis for the purposes of beginning discharge planning.
- 47 (2) If a person is admitted to a residential substance use 48 disorders treatment facility, the chief executive officer of the

- facility shall promptly notify the county adjuster of the admitting county that the person has been admitted to the facility.
 - (3) The facility is authorized to provide assessment, treatment, and recovery services, and shall provide discharge planning services as required pursuant to section 15 of P. c. (C.) (pending before the Legislature as this bill).
 - (4) The facility is authorized to detain persons involuntarily committed to the facility.
 - b. A person shall not be involuntarily committed to treatment at a residential substance use disorders treatment facility unless the person is in need of involuntary commitment to treatment for a substance use disorder pursuant to P.L. , c. (C.) (pending before the Legislature as this bill).

- 9. (New section) a. A patient admitted to a residential substance use disorders treatment facility, either on a voluntary or involuntary basis, shall have the following rights:
- (1) The right to have examinations and services provided in the patient's primary means of communication, including, as soon as possible, with the aid of an interpreter if needed because the patient is of limited English-speaking ability or suffers from a speech or hearing impairment;
- (2) The right to a verbal explanation of the reasons for admission to the facility, the availability of an attorney, and the rights provided in P.L. , c. (C.) (pending before the Legislature as this bill); and
- (3) The right to be represented by an attorney and, if unrepresented or unable to afford an attorney, the right to be provided with an attorney paid for by the appropriate government agency. An attorney representing a patient has the right to inspect and copy the patient's clinical chart.
- b. The clinical director of the residential substance use disorders treatment facility, or the director's designee, shall ensure that a written statement of the rights provided in P.L., c. C.) (pending before the Legislature as this bill) is provided to patients at the time of admission, or as soon as possible thereafter, and to patients and their families upon request.

- 10. (New section) a. A patient who is involuntarily committed to treatment for a substance use disorder pursuant to P.L., c. (C.) (pending before the Legislature as this bill) shall receive a court hearing with respect to the issue of continued need for involuntary commitment within 20 days from initial commitment unless the patient has been administratively discharged pursuant to section 15 of P.L., c. (C.) (pending before the Legislature as this bill).
- b. The assigned county counsel shall be responsible for presenting the case for the patient's involuntary commitment to the

court, unless the county adjuster is licensed to practice law in this State, in which case the county adjuster shall present the case for the patient's involuntary commitment to the court.

c. A patient subject to involuntary commitment to treatment for a substance use disorder shall have counsel present at the hearing and shall not be permitted to appear at the hearing without counsel.

- 11. (New section) a. At least 10 days prior to a court hearing, the county adjuster of the admitting county shall cause notice of the court hearing to be served upon the patient, the patient's guardian if any, the patient's next-of-kin, the patient's attorney, the chief executive officer or other individual who has custody of the patient, and any other individual specified by the court. The notice shall contain the date, time, and location of the court hearing. The patient and the patient's attorney shall also receive copies of the clinical certificates and supporting documents, the temporary court order, and a statement of the patient's rights at the court hearing.
- b. A psychiatrist or physician who has conducted a personal examination of the patient as close to the court hearing date as possible, but in no event more than five calendar days prior to the court hearing, shall testify at the hearing to the clinical basis for the need for involuntary commitment to treatment for a substance use disorder pursuant to P.L. , c. (C.) (pending before the Legislature as this bill). Any other witness with relevant information offered by the patient or the persons presenting the case for civil commitment, shall also be permitted to testify at the hearing.
 - c. The patient's next-of-kin may attend and testify at the court hearing if the court so determines.
 - d. The court shall transcribe the court hearing and arrange for the payment of expenses related thereto in the same manner as for other court proceedings.

- 12. (New section) A person subject to involuntary commitment to treatment for a substance use disorder pursuant to P.L., c. (C.) (pending before the Legislature as this bill) has the following rights at a court hearing and any subsequent review court hearing:
- 39 a. The right to be represented by counsel or, if indigent, by 40 appointed counsel;
 - b. The right to be present at the court hearing, unless the court determines that because of the person's conduct at the court hearing the proceeding cannot reasonably continue while the person is present;
 - c. The right to present evidence;
 - d. The right to cross examine witnesses; and
- e. The right to a hearing in camera.

- 1 13. (New section) a. (1) If the court finds by clear and 2 convincing evidence that the patient needs continued involuntary 3 commitment to treatment for a substance use disorder pursuant to 4 P.L. , c. (C.) (pending before the Legislature as this bill), it 5 shall issue an order authorizing the involuntary commitment of the patient for a substance use disorder and shall schedule a subsequent 6 7 court hearing in the event the patient is not administratively 8 discharged pursuant to section 15 of P.L. , c. (C) (pending 9 before the Legislature as this bill) prior thereto.
- 10 (2) If the court finds by clear and convincing evidence that the 11 patient needs continued involuntary commitment to treatment for a 12 substance use disorder pursuant to P.L. , c. (C.) (pending before the Legislature as this bill) and has a co-occurring mental 13 14 illness, it shall issue an order authorizing the involuntary 15 commitment to treatment of the patient pursuant to P.L.1987, c.116 16 (C.30:4-27.1 et seq.) and shall schedule a subsequent court hearing 17 in the event the patient is not administratively discharged pursuant 18 to section 15 of P.L.) (pending before the , c. (C. 19 Legislature as this bill) prior thereto.

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- b. If the court finds that the patient does not need continued involuntary commitment to treatment for a substance use disorder, the court shall so order. A patient shall be discharged by the residential substance use disorders treatment facility within 48 hours of the court's verbal order or by the end of the next working day, whichever is longer, with a discharge plan prepared pursuant to section 16 of P.L. , c. (C.) (pending before the Legislature as this bill).
- c. (1) The court may discharge the patient subject to conditions if the court finds that the person does not need involuntary or continued involuntary commitment to treatment for a substance use disorder and:
- (a) the patient's history indicates a high risk of repeated admissions to residential substance abuse treatment facilities because of the patient's failure to comply with discharge plans; or
- (b) there is substantial likelihood that by reason of a substance use disorder the patient will be dangerous to self, others, or property if the patient does not receive other appropriate and available services that render involuntary commitment to treatment unnecessary.
- (2) Conditions imposed pursuant to this section shall include those recommended by the residential substance use disorders treatment facility or a facility that is licensed by the department to provide substance use disorder treatment on an outpatient basis, as applicable, and shall be developed with the participation of the patient. Conditions imposed on the patient shall be specific, and their duration shall not exceed 90 days.
- 47 (3) The designated staff person of a facility that is licensed by 48 the department to provide substance use disorder treatment on an

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1 outpatient basis shall notify the court if the patient fails to meet the 2 conditions of the discharge plan, and the court shall issue an order 3 directing that the person be taken to a screening service for an 4 assessment. The court shall determine, in conjunction with the 5 findings of a screening service, if the patient needs to be readmitted 6 to a residential substance use disorders treatment facility and, if so, 7 the patient shall be returned to the facility. The court shall hold a 8 hearing within 20 days of the day the patient was returned to the 9 facility to determine if the order of conditional discharge should be 10 vacated.

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14. (New section) a. A patient committed pursuant to a court order, who is not administratively discharged pursuant to section 15 of P.L. , c. (C.) (pending before the Legislature as this bill), shall be afforded periodic court review hearings of the need for involuntary commitment to treatment for a substance use) (pending before the disorder pursuant to P.L. , c. (C. Legislature as this bill). Each review hearing shall be conducted in the manner provided in section 13 of P.L., c. (C. before the Legislature as this bill). If the court determines at a review hearing that involuntary commitment to treatment for a substance use disorder shall be continued, it shall execute a new order.

The court shall conduct the first review hearing 30 days from the date of the first hearing and every 30 days thereafter. The court may schedule additional review hearings, but, except in extraordinary circumstances, such hearings shall not be scheduled more often than once every 21 days.

b. At a court review hearing, when the advanced age of the patient or another factor by reason of a substance use disorder renders it appropriate, and when it would be impractical to obtain the testimony of a psychiatrist as required in section 11 of P.L., c. (C.) (pending before the Legislature as this bill), the court may permit a physician on the patient's treatment team who has personally conducted an examination of the patient as close to the hearing date as possible, but in no event more than five days prior to the hearing date, to testify at the hearing as to the clinical basis for the need for involuntary commitment to treatment for a substance use disorder.

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15. (New section) The treatment team at a residential substance use disorders treatment facility shall administratively discharge a patient from involuntary commitment status if the treatment team determines that the patient no longer needs involuntary commitment to treatment for a substance use disorder. If a discharge plan has not been developed pursuant to section 16 of P.L. , c. (C.) (pending before the Legislature as this bill), it shall be developed forthwith.

- 16. (New section) a. A person discharged either by the court or administratively from a residential substance use disorders treatment facility shall have a discharge plan developed by the treatment team at the facility pursuant to this section. The treatment team shall give the patient an opportunity to participate in the formulation of the discharge plan.
 - b. A facility that is licensed by the department to provide substance use disorder treatment on an outpatient basis, and which is designated by the department to participate in formulating the discharge plan, shall participate in formulating the plan. The residential substance use disorders treatment facility shall advise the designated facility which provides services on an outpatient basis of the date of the patient's discharge, and the designated facility shall provide follow-up care to the patient pursuant to regulations adopted by the commissioner.
 - c. This section shall not preclude discharging a patient to an appropriate professional.
 - d. The residential substance use disorders treatment facility shall give notice of the discharge to the county adjuster of the county in which the patient has legal settlement.

- 17. Section 1 of P.L.1991, c.270 (C.2A:62A-16) is amended to read as follows:
- 1. a. Any person who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy, whether or not compensation is received or expected, is immune from any civil liability for a patient's violent act against another person or against himself unless the practitioner has incurred a duty to warn and protect the potential victim as set forth in subsection b. of this section and fails to discharge that duty as set forth in subsection c. of this section.
- b. A duty to warn and protect is incurred when the following conditions exist:
- (1) The patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or
- (2) The circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable individual or against himself.

A duty to warn and protect shall not be incurred when a qualified terminally ill patient requests medication that the patient may choose to self-administer in accordance with the provisions of P.L.2019, c.59 (C.26:16-1 et al.).

c. A licensed practitioner of psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy shall

discharge the duty to warn and protect as set forth in subsection b.
of this section by doing one or more of the following:

- (1) Arranging for the patient to be admitted voluntarily to a psychiatric unit of a general hospital, a short-term care facility, a special psychiatric hospital, or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);
- (2) Initiating procedures for involuntary commitment to treatment of the patient to an outpatient treatment provider, a short-term care facility, a special psychiatric hospital, or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.), or to a residential substance use disorders treatment facility under the provisions of P.L. , c. (C.) (pending before the Legislature as this bill);
- (3) Advising a local law enforcement authority of the patient's threat and the identity of the intended victim;
- (4) Warning the intended victim of the threat, or, in the case of an intended victim who is under the age of 18, warning the parent or guardian of the intended victim; or
- (5) If the patient is under the age of 18 and threatens to commit suicide or bodily injury upon himself, warning the parent or guardian of the patient.
- d. A practitioner who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who, in complying with subsection c. of this section, discloses a privileged communication, is immune from civil liability in regard to that disclosure.
- e. In addition to complying with subsection c. of this section, a licensed practitioner shall notify the chief law enforcement officer of the municipality in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department that a duty to warn and protect has been incurred with respect to the patient and shall provide to the chief law enforcement officer or superintendent, as appropriate, the patient's name and other non-clinical identifying information. The chief law enforcement officer or superintendent, as appropriate, shall use that information to ascertain whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm.

If the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm, or if there is information indicating that the patient otherwise may have access to a firearm, the information provided may be used in determining whether the patient has become subject to any of the disabilities set forth in subsection c. of N.J.S.2C:58-3. If the chief law enforcement officer or superintendent, as appropriate, determines that the patient has become subject to any of the disabilities set forth in subsection c. of

N.J.S.2C:58-3, any identification card or permit issued to the patient shall be void and subject to revocation by the Superior Court in accordance with the procedure established in subsection f. of N.J.S.2C:58-3.

If the court determines that the patient is subject to any of the disabilities set forth in subsection c. of N.J.S.2C:58-3 and revokes the patient's firearms purchaser identification card in accordance with the procedure established in subsection f. of N.J.S.2C:58-3, the court may order the patient to surrender to the county prosecutor any firearm owned by or accessible to the patient and order the prosecutor to dispose of the firearms. When the court orders the county prosecutor to dispose of the firearms, the prosecutor shall dispose of the firearms as provided in N.J.S.2C:64-6.

If the court, upon motion of the prosecutor, finds probable cause that the patient has failed to surrender any firearm, card, or permit, the court may order a search for and removal of these items at any location where the judge has reasonable cause to believe these items are located. The judge shall state with specificity the reasons and the scope of the search and seizure authorized by the order.

A firearm surrendered or seized pursuant to this subsection which is not legally owned by the patient shall be immediately returned to the legal owner of the firearm if the legal owner submits a written request to the prosecutor attesting that the patient does not have access to the firearm.

A law enforcement officer or agency shall not be held liable in any civil action brought by any person for failing to learn of, locate, or seize a firearm pursuant to this subsection.

A patient who is determined to be subject to any of the disabilities established in paragraph (3) of subsection c. of N.J.S.2C:58-3 and submits a certificate of a medical doctor or psychiatrist licensed in New Jersey, or other satisfactory proof in accordance with that paragraph shall be entitled to the reinstatement of any firearms purchaser identification cards, permits to purchase a handgun, and any other permit or license authorizing possession of a firearm seized pursuant to this subsection.

36 (cf: P.L.2019, c.59, s.27)

18. The Commissioner of Human Services, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulation necessary to effectuate the purposes of this act.

19. This act shall take effect one year after the date of enactment, but the Commissioner of Human Services may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of the act.

STATEMENT

This bill provides for a "petitioner" who is the spouse, civil union partner, relative, friend, or guardian of an individual to submit to the court a petition for the involuntary commitment of the individual to treatment for a substance use disorder. The petition is to be accompanied by a guarantee obligating the spouse, civil union partner, relative, friend, or guardian of the individual to pay all costs for treatment of the individual that is ordered by the court.

If, after reviewing the allegations contained in the petition and examining the petitioner under oath, it appears to the court that there is probable cause to believe the individual is in need of involuntary commitment to treatment for a substance use disorder, the court is to: set a date for a hearing within 14 days to determine probable cause; provide certain notifications; and have the respondent examined no later than 24 hours before the hearing date. The examinations are to be conducted by two physicians, at least one of whom is to be a psychiatrist, and those physicians are to certify the findings of the examinations to the court.

If, upon completion of the hearing, the court finds the respondent is in need of involuntary commitment to treatment for a substance use disorder, the court is to order treatment for the respondent, pending a final hearing, as discussed below. Failure to undergo treatment may place the respondent in contempt of court.

Additionally, following the physician examinations certifying the respondent to be in need of the involuntary commitment, the court may order the respondent hospitalized for a period not to exceed 72 hours, if the court finds, by clear and convincing evidence, that the respondent presents an imminent threat of danger to self, others, or property as a result of a substance use disorder.

The bill provides certain patient rights which include: the right to have examinations provided in the primary means of communication of the person or with the aid of an interpreter; the right to receive verbal explanations of the reason for admission; and the right to be represented by an attorney.

Within 20 days of the patient's initial commitment, the patient is to receive a final court hearing, which is to be transcribed. At this hearing, if the court finds by clear and convincing evidence that the patient needs continued involuntary commitment to treatment for a substance use disorder, it is to issue an order authorizing the commitment. If the court finds by clear and convincing evidence that the patient needs continued involuntary commitment to treatment for a substance use disorder and has a co-occurring mental illness, the court is to issue an order authorizing the involuntary commitment of the patient pursuant to the law governing civil commitment for mental illness. If the court finds the patient does not need continued involuntary commitment, the court is to issue an order to that effect, and the patient is to be

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discharged, with a discharge plan, within 48 hours of the court's verbal order or by the end of the next working day.

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6 7 At least 10 days prior to a hearing, notice is to be provided to the patient, the patient's guardian if any, the patient's next-of-kin, the patient's attorney, the chief executive officer or other individual who has custody of the patient, and any other individual specified by the court.

8 A committed patient is to be provided with periodic court 9 reviews of the need for involuntary commitment. The bill also provides for administrative and conditional discharges from 10 commitment. A discharge plan is to be developed, and the patient 11 is to have the opportunity to participate in its development. A 12 13 facility licensed to provide substance use disorder treatment on an 14 outpatient basis is also designated to participate in developing the 15 plan, and the designated facility is to provide follow-up care to the 16 patient.